Attorney Name

Special Assistant Attorney General Montana Department of Corrections 5 South Last Chance Gulch Street Post Office Box 201301 Helena, MT 59620-1301 (406) 444-3930 - Telephone (406) 444-4920 - Facsimile Attorney Name

## ATTORNEY FOR THE STATE

## MONTANA District # JUDICIAL DISTRICT YOUTH COURT, District # COUNTY

In the Matter Of	CAUSE NO. DV-Cause #
MONTANA DEPT. OF	
CORRECTIONS,	
	PETITION FOR
Petitioner,	COST-OF-CARE
	CONTRIBUTION
and	
Respondent Name,	
Respondents.	

COMES NOW Special Assistant Attorney General Attorney Name and respectfully shows as follows:

1. Respondents are the parents of a youth who entered Name of placement on Click here to enter a date. The youth remains in that placement at this time.

The cost to the State of Montana for his placement is approximately \$ Numeral

MT Dept. of Corrections and Parent's Name

Cause No. DV-Cause #

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Dollar amount per month.

- A Dispositional Judgment (the "Judgment") was entered in Cause No.
   Cause # on Click here to enter a date. A copy is attached as Exhibit A.
  - 3. Paragraph no. #of the Judgment states as follows:

Pursuant to MCA § 41-5-1525 the financial status of the parents must be examined to determine their ability to contribute to all or part of the costs of care, custody, supervision and treatment of the Youth.

Judgment, p. #.

4. Respondents have not provided Department of Corrections Regional Program Administrator RPA's Name with any financial information, so they have imputed wages to reach a cost-of-care recommendation. It is their belief that Respondents are able to pay \$ Numeral Dollar amount per month towards the cost of their child's placement. Please see Click here to enter text Affidavit, which is attached to this Petition.

WHEREFORE, Petitioner requests the Court determine Respondents Click here to enter text pay the Department of Corrections the sum of Dollar Amount (\$Dollar Amount) per month to accrue at the rate of \$Numeral Dollar amount per pursuant to paragraph no. 4 of the Consent Adjustment, for the period Click here to enter text, until the time the youth is released from Name of placement,

Department of Corrections placement.

MT Dept. of Corrections and Parent's Name Petition for Cost-of-Care Contribution

DATED thisday of Click here to enter a date.	
	Attorney Name
	Special Assistant Attorney General